

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018235

FILED DATE

APPLICANT(S)

6/21/05 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15		1		1	
16			1		1
17				1	
18				1	
19				1	
20				1	
21				1	1
22				1	1
23				1	1
24				1	1
25				1	1
26				1	1
27				1	1
28				1	1
29				1	1
30				1	1
31				1	1
32				1	1
33				1	1
34				1	1
35				1	1
36				1	1
37				1	1
38				1	1
39				1	1
40				1	1
41				1	1
42				1	1
43				1	1
44				1	1
45				1	1
46				1	1
47				1	1
48				1	1
49				1	1
50				1	1
TOTAL IND.	1	1	2	1	1
TOTAL DEP.	14	14	32	18	18
TOTAL CLAIMS	15	24	24	19	19

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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